

School Breakfast Program and Summer Food Service Program California Start-up and Expansion Grant Application

Attachment 1: Plan – Submit only one plan for the entire district.

Do not attach a plan to each site application

Check below to indicate which grant you are applying for. If you are applying for both, check both boxes.					
<input type="checkbox"/>		School Breakfast Program (SBP)			
<input type="checkbox"/>		Summer Food Service Program (SFSP)			
Name of School District or County Office of Education				Agreement Number	
				Vendor Number	
Address				Contact Name	
City and Zip + 4				Contact Title	
Telephone Number ()		Fax Number ()		E-Mail Address	
Total Grant Request (Total by program for all sites in this application)			SBP	\$	
			SFSP	\$	
			# of Sites		

Provide the name and address of the county office of education (COE) that has jurisdiction over the school district or charter school. If the COE is the applicant, write "same as above."	
COE	CDS #
County Superintendent of Schools	Vendor #
Address of COE	
City	Zip + 4

1. Is Board approval required before accepting this grant? Yes ____ No ____
 If "yes," is Board approval enclosed? Yes ____ No ____
 If "no," Board approval will be sent to CDE by: _____
2. List by source and amount any public and private funding resources that will support SBP or SFSP initiation or expansion in 2003-04. If no funding resources are available for support, write "None."
 Examples of public and private funding resources would be PTA, local bonds, donations, etc. Do not include Federal and state meal reimbursements and the cafeteria account.

Source	Amount	Source	Amount

3. Describe if and how the school district or COE will provide funding and technical assistance for SBP or SFSP initiation or expansion sites (attach additional pages if necessary). If no additional funding or technical assistance will be provided, write "None." Examples of district or COE funding include, general fund, equipment and technology funds, etc. Technical assistance means district efforts to train staff, develop implementation and/or expansion plans, etc.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

4. Describe any innovative strategies that you plan to implement to increase participation. If you do not plan to implement any innovative strategies, write "None."

[illegible]

ASSURANCES:

- This school district or county office of education agrees to operate the SBP and/or SFSP for not less than three years.
- The expenditure of funds from state and local resources for the maintenance of the SBP and/or SFSP shall not be diminished as a result of SBP or SFSP grant awards received.
- To the best of my knowledge, none of the schools in this application have received federal start-up funds to initiate a SBP or SFSP.

Signature of Authorized Official		Date
Print or Type Name of Authorized Official		Title
Telephone Number ()	Fax Number ()	